

## Part IV Exercises – Coding Collaborative Stage and Treatment

### Data Collection of Non-malignant Primary CNS Tumors

**For these exercises, assume that if a treatment is not mentioned, it was not administered.**

1. The patient was referred to a neurologist because of a right-side hearing loss and possible acoustic tumor. A CT scan on March 1, 2004 was used to diagnose right acoustic neuroma. On March 31, 2004 the patient had a craniotomy. A protrusion of tumor in the vestibule appeared to come from the cochlea. Facial nerve was spared. The tumor was totally resected, with clear margins.

CS Extension code	
Surgical procedure of primary site	
Surgical margins of primary site	
Scope of regional lymph node surgery	
Radiation treatment volume	
Regional treatment modality (radiation)	
Chemotherapy	
Hormone therapy	
Immunotherapy	
Hematologic transplant and endocrine procedures	

2. A 6-year-old boy had severe headaches and vomiting. An MRI on September 13, 2004 diagnosed medulloblastoma of the cerebellum. An infratentorial craniotomy was performed on September 28, 2004 and the tumor was removed. Macroscopic and microscopic residual medulloblastoma remained. On November 1, 2004 the patient began a course of carmustine. After completion of chemotherapy, the patient had a bone marrow transplant with donor marrow from his older brother.

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Surgical margins of primary site	
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Regional treatment modality (radiation)	.
Chemotherapy	
Hormone therapy	
Immunotherapy	
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3. Patient had CT scan of the head on February 24, 2004 showing a large prolactinoma of the pituitary gland. The patient started on bromocriptine to shrink the tumor in March 2004. The patient had gamma knife surgery on October 1, 2004.

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Regional treatment modality (radiation)	
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Hormone therapy	
Immunotherapy	
Hematologic transplant and endocrine procedures	

4. The patient was referred to a neurologist after reporting symptoms of vomiting, muscle weakness on one side of the face, and several episodes of slurred speech. The patient had an MRI on June 3, 2004, that showed a glioma in the brain stem. Through an infratentorial craniotomy, the tumor was removed on June 30, 2004. The pathology report documented microscopic residual subependymal glioma in the fourth ventricle. On August 1, 2004, the patient had conformal radiation to the fourth ventricle.

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5. The patient's symptoms included headaches, double vision, vomiting, and drowsiness. A CT scan on November 1, 2004, showed a growth in the pineal gland. The patient had a biopsy of the pineal gland on November 15, 2004, the tumor pathology was pineocytoma. The patient began beam radiation to the pineal gland on December 8, 2004.

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Hormone therapy	
Immunotherapy	
Hematologic transplant and endocrine procedures	